

**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
**Reports Cover Sheet**

<b>Title of Report:</b>	DTOC Progress Update
<b>Date of meeting:</b>	28 <sup>th</sup> November 2017
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**Executive Summary**

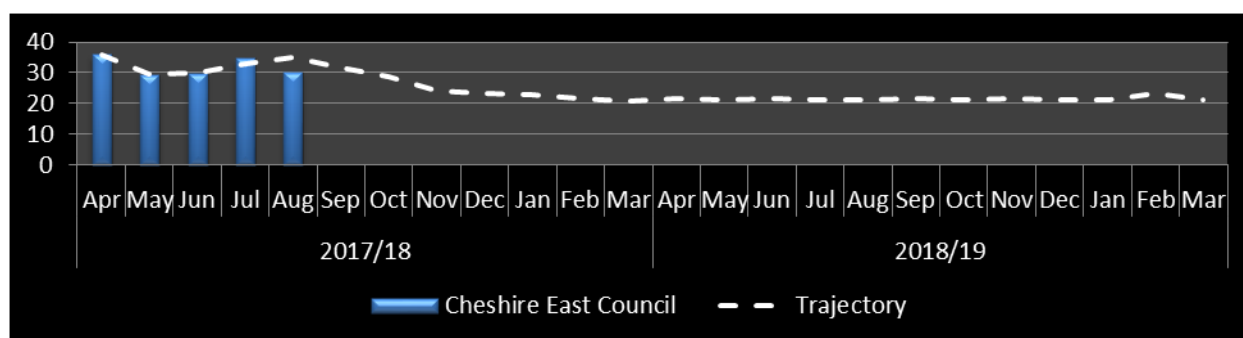
<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	The purpose of this report is to provide the Cheshire East Health and Wellbeing Board with a progress update into the current Delayed Transfers of Care (DTOC) performance and the implications of this for the health and social care system locally.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	There are no key actions for the Health and Wellbeing Board, this report is presented for information only.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	This report has been considered at the Adult Social Care DMT  The report has also been presented to the Better Care Fund Governance Meeting		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A the content of this report is based upon the data reporting and the wider implications that it has for the health and social care system in Cheshire East.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>The recommendations are based on recognition of the current DTOC progress update for Cheshire East.</p> <p>Continued delivery of the DTOC trajectory and targets if a reflection of the health and social care system on its journey towards integration.</p>

## 1 Report Summary

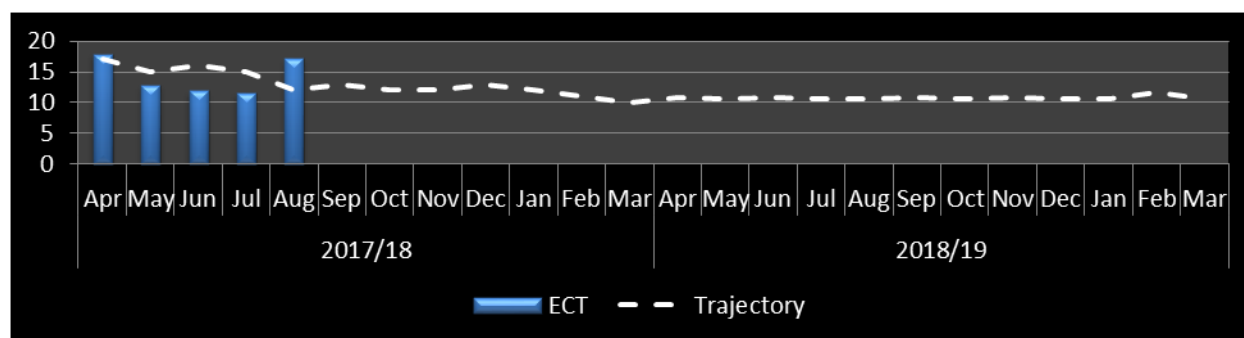
- 1.1 The Cheshire East position in terms of DTOC remains one of challenge to both health and social care, especially as we enter the winter period between October and March 2018.
- 1.2 The reporting requirements for DTOC has been placed under increased scrutiny by both the Local Government Association and NHS England, with greater emphasis on seeking an equitable split between delays due to health and social care.
- 1.3 Activity across East and South Cheshire has seen the introduction and extension of a number of additional schemes which are starting to have an impact on the ability to deliver extremely challenging targets.
- 1.4 As shown by the graphs below, the delivery of DTOC against the agreed trajectory is being maintained.

### Cheshire East Council footprint



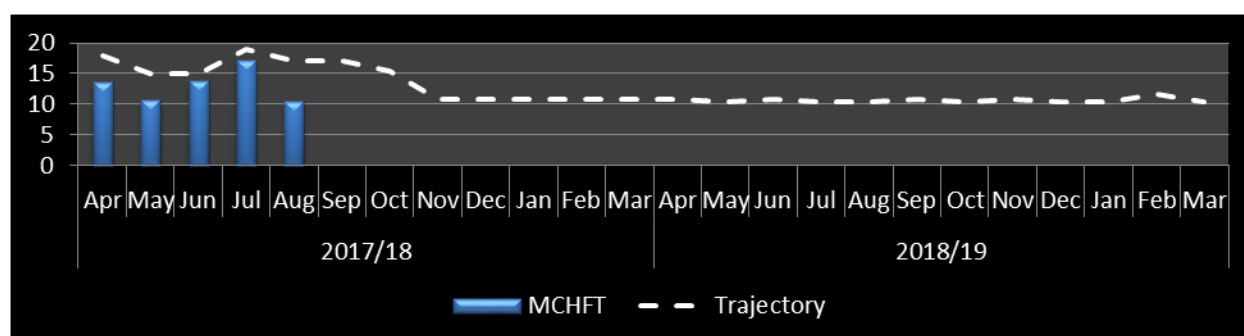
Cheshire East Council DTOC's per day are 3 below trajectory which is 1.65% for year to date 2017/18

## East Cheshire Trust footprint



ECT DTOC's per day are 4 below trajectory which is 4.8% for year to date 2017/18

## Mid-Cheshire Hospitals Foundation Trust Footprint



MCHFT DTOC's per day are 18 below trajectory which is 21.4% for year to date 2017/18

- 1.5 The Department of Health has been closely reviewing DTOC performance nationally, in order to benchmark those areas that are not marking sufficient progress against their agreed trajectories.
- 1.6 On the 10<sup>th</sup> of October 2017, Cheshire East Council received correspondence from Sajid David and Jeremy Hunt confirming that the Cheshire East DTOC performance is not within the 32 poorest performers nationally. The data takes into account performance up to and including August 2017, where Cheshire East has performed well against the trajectory

## **2 Recommendations**

- 2.1 The Health and Wellbeing Board acknowledge the significant efforts made by those working in the health and social care system to achieve the current targets set within the challenging trajectory set by NHS England.
- 2.2 The Health and Wellbeing Board acknowledges the work being undertaken as part of 'Delivering the Better Fund Plan in Cheshire East 2017-19' Better Care Fund plan, which provides the overarching strategy for health and social care transformation, of which DTOC is one of the four nationally mandated metrics.
- 2.3 The Health and Wellbeing Board acknowledges how the new approach to data management adopted by Cheshire East Council, NHS Eastern Cheshire and NHS South

Cheshire CCGs has provided the pivotal shift in the interpretation and use of information to create accurate trajectories.

- 2.4 The Health and Wellbeing Board acknowledge the correspondence from Sajid David and Jeremy Hunt that Cheshire East is not within the group whose DTOC performance identifies them as the poorest performers nationally.

### **3 Reasons for Recommendations**

- 3.1 NHS England has set a challenging national metric to reduce DTOCs nationally to 3.5%. (NHS Eastern Cheshire CCG has separately agreed at figure of 5.2% to be achieved by February 2018, which has been calculated into the wider Cheshire East trajectory). Cheshire East is undertaking a considerable programme of activity to meet this target.
- 3.2 The Delivering Better Care Fund Plan in Cheshire East 2017-19 was submitted to NHS England in September 2017, who have formally accepted the proposed DTOC trajectories, 3.5% for NHS South Cheshire CCG and 5.2% for NHS Eastern Cheshire CCG, proposed, recognising the scale of ambition across the Cheshire East health and social care economy.
- 3.3 The approach to data management and use within Cheshire East is an emerging area of best practice within the Cheshire and Merseyside Better Care Fund Network.
- 3.4 The Cheshire East DTOC performance has ensured that Cheshire East has not been selected for a scrutiny visit by NHS England. *(NB: Cheshire West and Liverpool are areas locally where performance has triggered a visit)*

### **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1 The work to reduce DTOC has direct links to the Health and Wellbeing Strategy priorities in Cheshire East.
- 4.2 Linked to Outcome two - Working and living well (*Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough*) targeted work to support the unmet wellbeing needs of carers are being supported via a Better Care Funded scheme which will focus on preventing 'carer crisis' which ultimately reduces the likelihood of their cared for needing a hospital stay (non-elective admission and potential DTOC).
- 4.3 Linked to Outcome three - Ageing well (*Enabling older people to live healthier and more active lives for longer*) a significant proportion of the Better Care Fund schemes are centred around the principle of 'improving the co-ordination of care around older people'. In both South and East Cheshire the Home First principles are being to support both admission avoidance and early discharge. Phase 1 (In South Cheshire) is in place through the introductions of Community Matrons and First Contact Practitioners. Through this service there has been a noticeable reduction in A&E attendances for older people.

## 5 Background and Options

- 5.1 The Delayed Discharge Act of 2003 was replaced by the Care Act 2014. One of the aims of the Care Act is to ensure that people do not remain in hospital when they no longer require care that can only be provided in an acute trust. The arrangements for discharging patients who are likely to have on-going care and support needs have been designed to encourage acute trusts to plan for discharge in advance of the patient no longer requiring acute care.
- 5.2 The delayed transfer information by code is input via UNIFY onto a central national report. The requirement is to return this monthly and it must include all health, joint and social care delays. This information is used to generate the monthly data which local data is compiled from.
- 5.3 2017 has seen the introduction of DTOC target reductions comprising reductions in NHS attributed DTOCs (agreed between CCGs and NHS England) and reductions in Social Care attributed DTOCs (issued by the Department of Health and Department for Communities and Local Government).
- 5.4 The Improved Better Care Fund was announced in the Spring Budget as a social care grant to £4.7m. However, government will consider in November, reviewing 2018/19 allocations of the adult social care for councils that are performing poorly in relation to DTOC performance. The funding will remain with local government, to be used for adult social care. For those with the worst performance, the government reserves the right to direct how this money is spent.
- 5.6 The Better Care Fund Governance Board in Cheshire East continues to provide oversight over the 16 schemes which provide the underpinning strategic approach towards health and social care integration in order to deliver the four national metrics,
- 5.7 The following schemes are funded by the Better Care Fund to support improving DTOC:
- Home First: Quality markers to be agreed, however the ethos of the Home First approach is being rolled out to care communities to ensure all staff support patients to remain at home rather than creating DTOC
  - Hospital Discharge Services
  - Care Home Assessments at the Weekend: KPI discharge 2 patients each day Sat/Sun
  - Care Package Retention of 7 Days
  - Innovation and Transformation Fund
  - Funding of additional social care staff to support 'Discharge to Assess' initiatives: Social workers to support three week discharge out of community beds to ensure flow.
  - Increasing capacity in the Care Sourcing team and Social Work Team over Bank Holiday Weekends
  - Sustain the capacity, capability and quality within the social care market place
  - The use of 'Live Well' Online information and advice resource
  - Innovation schemes which are due to commence from November 2017
- 5.8 The following areas of work are currently being delivered by NHS Eastern Cheshire CCG to support improving DTOC:

- Implement a new Primary Care streaming model
- Delivery of Frailty Approach from emergency portals as part of the Home First model
- Expand the existing Single Point of Access
- Delivery of Frailty training across the health and social care economy
- Additional OT presence in Integrated Discharge Team
- Independent clinical review of DTOC leading to key actions (2017)

5.9 The following areas of work are currently being delivered by NHS South Cheshire CCG to support improving DTOC:

- Ambulatory Emergency Care: 50% reduction of admissions on to ACU. 1 hour medical review to ensure timely discharge and 3 hour consultant review where required.
- Redesign of health and social care services that support rapid response to those in need of urgent care close to home. Reablement redesign underway, proposed service delivery agreed joint paper to CCG Executive Committee and CEC Cabinet.
- Implementation of a health and social care integrated discharge team. Triage now in place. Documentation agreed as form 1-2. Trusted assessor resource agreed. Work with care home commenced to introduce the trusted assessor concept. Key KPI to reduce DTOC to 3.5% reduction in 80% CHC out of hospital 30% increase in the number of patients returning home not long term care

6.1 The following points, **6.2 – 6.9** provide a detailed interpretation of the latest published data for Cheshire East, August 2017. This is to provide the Health and Wellbeing Board with a detailed analysis of activity against reportable metrics.

6.2 Building on the positive performance in July 2017, the trajectory for August total delayed days was projected as being 1,622, the actual was 1,361 which represents 261 days under target which equates to approx. 8 beds per day **better** than target. Compared to the projected target, the total for August was 52 beds per day, the actual was 44. However, early indications for the September 2017 data are that performance has reduced.

6.3 The health/social care split on the trajectory for August for NHS attributable days was 1,085 the actual was 942 (total delayed days for the month). This shows better performance than trajectory.

For social care, the plan was 528 and the actual was 403 (total delayed days for the month). This shows better performance than trajectory.

There were also 16 days attributed **jointly** to the NHS and social care.

6.4 For social care the main two (coded) reasons for delays in August were '**Awaiting Care Package in Own Home**' (36%) and '**Awaiting Nursing Home Placement or Availability**' (36%).

Approximately 18% of delayed days were due to '**Awaiting residential home placements or Availability**'.

6.5 For NHS delays the data the main reason appears to be '**Waiting Further NHS Non-Acute Care**' (31%). The other main causes of delayed days are '**Completion of Assessment**' (18%) and '**Awaiting Care Package in Own Home**' (14%).

6.6 For NHS attributable delays in August:

124 delayed days	Cheshire East patients in East Cheshire NHS Trust
33 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6.7 For delays attributable to social care in August:

187 delayed days	Cheshire East patients in East Cheshire NHS Trust
163 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6.8 For delays attributable to social care in August, for the reason of 'awaiting nursing home placements or availability':

34 delayed days	Cheshire East patients in East Cheshire NHS Trust
87 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

6.9 For delays attributable to social care in August, the reason of 'awaiting care package in their own home':

89 delayed days	Cheshire East patients in East Cheshire NHS Trust
29 delayed days	Cheshire East patients in Mid-Cheshire Hospitals Foundation Trust

## 6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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